

Telling The Truth Regardless of the Risk - One Group Home's Response to Staff Abuse of Residents

By Leigh Ann Davis & Michelle Schwartz

"When a crime goes unreported, justice is denied - and there are consequences for victims and their families and communities... (Whatley, 2000)."

When the unthinkable happens

In a small Texas town, a man was convicted of sexual assault of a number of individuals with developmental disabilities. The well-known member of this tight-knit community was the director of the special education department of the school system with students with developmental disabilities. He held degrees in education, special education, and school management. Over his working career, he served in various capacities at three state schools, and several regional education centers as a teacher and director of special education programs spanning several counties. He founded a camp for individuals with developmental disabilities, worked in Special Olympics, and served as superintendent for a small school system. He was the "perfect" relief staff worker, better qualified than many group homes can afford to pay for, and he showed dedication to individuals with developmental disabilities.

Over time, he developed close friendships with the students who visibly enjoyed spending time with him. After leaving the school system he worked in a group home assisting adults with developmental disabilities. He knew some of the adults in the group home from his former days of teaching. Quickly he became a trusted source of friendship for the adults. He

took them to baseball games. He was their coach, their referee, and a friendly staff member they looked up to with great admiration. He gave swimming lessons to a number of them. Not only was he admired by the residents, he was well respected by many in the community. He was an elder in the local church. He appeared genuinely interested in each person he helped, often going beyond the call of duty in offering his friendship and his time to the adults he worked with at the group home. He worked approximately 25 years in the developmental disability field as a special education teacher and staff member of a group home.

Many in the community, especially his co-workers in the group home, were shocked and outraged when the offender's behavior was discovered. The staff experienced a deep sense of betrayal and confusion. How could one of their own hurt the very people they were supposed to serve and protect from such devastating crimes? As one staff member said, "Sexual abuse was the last thought, it was the last thing on our mind to consider... but it should have been the first."

The ongoing sexual violation among students and many in the group home was eventually discovered when one of the residents disclosed what was happening to him out of fear that he might be physically hurt the next time the offender approached him. Staff reported the crime to their local police department. Staff believed the resident never would have disclosed if the offender's behavior had not

become violent. As time went on, the perpetrator's threats became increasingly harsh when the residents refused or shied away from complying with his requests. This type of escalating behavior is typical among sexual offenders. As time goes on, it takes more stimuli to create the same level of thrill that the initial encounter provided. After the first outcry was made and the offender was placed in jail, other residents felt safe to disclose similar victimization by the offender.

In spite of the group home's administration reporting the crime to law enforcement, the group home was sued by four of the seventeen families whose adult children were victimized. It took two years to prosecute the offender and it took an additional five years for the civil cases to be settled. No deficiencies were given to the group homes by The Texas Department of Mental Health and Mental Retardation. The law enforcement officials state that they could not have received a conviction without the staff's assistance in working with the residents. The civil courts found the group home, staff, and owners to not only be innocent of harm to residents, but also commended them for their advocacy on behalf of the residents.

The emotional cost to staff in deciding to press charges proved to be very high. One said she cried for days while another began smoking again. All staff reported trouble sleeping, bursts of anger, and feelings of inadequacy. In the end, staff believed that regardless of the difficulties involved, they did the right thing because

residents are beginning to feel safe in their community again.

In reality, the group home was acting responsibly by reporting the crime. They could have been held liable (ethically and legally) by not reporting. As soon as an agency becomes aware of abuse or even has a reasonable suspicion of abuse, they become responsible for any subsequent abuse if they do not make a reasonable response. By failing to report the problem, it becomes evident that the agency is trying to protect itself more than it is trying to protect the resident. In addition, the group home provider can become responsible for abuse that occurs in someone else's group home or service program if they did not report the abuse that occurred in their own home.

How could this happen to us?

The group home staff thought they were doing all the right things. The last thing they expected to happen was the sexual assault of residents in their own homes. For nearly two decades, core staff provided services based on best practices to improve the quality of life for adults with developmental disabilities. Group home residents attend classes on relationships and sexuality, and individual counseling is available if they have problems or questions. Most of the residents are active participants in the community where they hold jobs, attend church and town meetings, go to movies, and celebrate local events and holidays. In this town, women and men with developmental disabilities are supported and encouraged in their desire and effort to live integrated lives in the community. So how could this happen? What went wrong? They never realized one of their own staff could be successful at keeping on-going sexual assaults so well hidden.

Research indicates that individuals with developmental disabilities are at least twice as likely to experience violence compared to those without disabilities. According to Dick Sobsey, a well-known Canadian researcher, some researchers even suggest that 9 out of 10 women with a developmental disability will be sexually assaulted. Others believe those statistics are too high. Even the conservative estimates indicate that most women with developmental disabilities will experience some unwanted sexual contact in their lifetime (Sobsey, 2000). Most of the time, as in this case, someone well known and trusted by the victim perpetrates the violence.

Victimization of people with disabilities is likely to remain a threat for some time to come. For this reason, parents and advocates should be familiar with the following risk factors:

- Failure to implement The Arc's Core Values (People First, Democracy, Visionary Leadership, Community Participation, Diversity, Integrity/Excellence) into practice.
- Lack of accessible resources to escape an abusive relationship or situation.
- Communication difficulties that create barriers to abuse disclosure.
- Few friends or ability to begin friendships due to being too isolated.
- Training that traditionally requires obedience and compliance.
- Limited information about sexuality, self-defense, and personal safety.
- Perpetrator's perception that a person with a disability is an easy target.
- Lack of credibility when disclosing assault/abuse experiences.
- The perpetrator(s) desire and ability to maintain absolute control in a relationship where an unequal distribution of power exists.

- Most abuse and violence is perpetrated by someone well known to the victim.

This particular group home made every effort to protect the residents. Staff were surprised to find out that some of the residents' parents were going to sue the group home, especially given that group home staff were the ones who called in the police to investigate the crime. Staff never attempted to hide the sexual assault in any way. They felt betrayed and abandoned by the parents with whom they had worked closely with during the ordeal, after discovering their desire to sue the group home.

If at all possible, parents and advocates can partner with the group home before an incidence of abuse occurs to increase the likelihood that any abuse experienced by residents will be reported by staff members. Some group home staff may not report suspected or known abuse if they fear being sued.

Neglectful or irresponsible care of residents is unacceptable. Group homes that overlook abuse and do not protect residents should be held accountable. Parents and advocates can work together to submit complaints and bring attention of neglect or exploitation to those who have the power to close the home until necessary changes are made.

Although it may vary from state to state, anyone who has a suspicion or knowledge of abuse is to report that information to agencies responsible for investigating abuse in your state, city, or county (e.g., Adult Protective Services, licensing body of the facility). The state protection and advocacy system can also be contacted for assistance. To locate this agency in your state, contact the National Association of Protection and Advocacy, Inc. in Washington,

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D.C. at 1-202-408-9514 or visit their web site at www.protectionandadvocacy.com.

Group home staff in the Texas town refused to be silent, and as a result, the perpetrator was held accountable and received a just sentence. Justice is not

always achieved for victims, but the willingness of the victim AND the provider agency to speak out can make all the difference in reducing further abuse.

Healing from the betrayal

Survivors of sexual violence with mental retardation and other developmental

disabilities can recover from the trauma of victimization. The supports they receive are an important part of their recovery. When a person discloses abuse, it's important for the listener to remain calm, believe the individual, and validate the person's story. The listener should try not to distance from the person emotionally, but instead allow strong feelings to surface if needed. Let the victim know that he or she is being believed. It is important to give accurate information about what action must be taken (i.e., a report to police or protective services agency) and to not deceive the victim in any way. The last thing the person needs is another betrayal. Victims should not be promised that they will never be hurt again—no one has the power to keep that promise. However, being supportive and validating a survivor's emotions can help begin the healing process.

The sense of betrayal experienced by survivors of sexual assault can affect many aspects of their life including social relationships, self-esteem, feelings about sexuality, and day-to-day functioning. Victims are likely to feel ashamed and blame themselves for what happened. For the person with developmental disabilities, abuse trauma can be increased if there is difficulty understanding and processing what happened, and if the person is socially isolated and lacks access to supportive counseling.

Additional feelings of victimization can result if others blame the victim or minimize the seriousness and impact of the abuse. When victims are not believed or protected from further abuse, their sense of loss and betrayal can worsen. Such individuals need to be reminded that they are not to blame and that the abuse was not their fault. Even if they made errors in

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judgment or broke rules, they must be reminded that no one deserves to be sexually assaulted or abused in any way. Perpetrators need to be held responsible for all acts of violence.

After victimization occurs, sexual assault survivors may need help to obtain a forensic medical exam to collect evidence and to ensure the person has no internal injuries, sexually transmitted diseases, including HIV, or pregnancy. This exam is performed by a specially trained nurse referred to as a Sexual Assault Nurse Examiner (SANE). It is generally recommended that a forensic exam occur within 72 hours after a sexual assault. After this time, it may be impossible to later prosecute the case. Respecting the person's right to decide to have the exam and right to privacy is crucial. Whatever the decision, the individual will probably need a significant amount of support. A local rape-crisis and family/domestic shelter may be able to provide a hospital advocate for support and education to the individual and loved ones before, during, and after a forensic exam.

Survivors, family members, friends, and staff need to know that there is hope and that people can and do heal from the trauma of sexual violence. Victims can benefit the most from spending time with someone that knows about the abuse and accepts them in a caring manner (Cameron, 1999).

Practical lessons learned

The group home staff in Texas provided some of the following suggestions about what group home providers can do to increase safety of residents.

Listen to your instincts. Pay attention to any questions or nagging doubts about a particular person or situation.

Take disclosures of abuse seriously. Disclosing abuse takes courage. The victim may need to overcome many barriers before he or she is able to trust or feel safe enough to tell someone. They may feel ashamed, somehow to blame, dependent on the perpetrator, isolated, and have a difficult time "telling on" an authority figure who has been abusive. They may also fear being seen as revengeful or attention seeking. It's important to believe the individual and to provide a safe place to tell about what has happened. Allow the person some immediate opportunity to make some simple choices (e.g., would you like a drink of water, where would you like to sit, etc.) and begin the healing process of restoring the power, control, and self-determination that has been taken away by the perpetrator.

Learn common risk factors. Unfortunately, there is no one set of characteristics that can be used to identify a perpetrator. Anyone can be a perpetrator. Some possible risk factors that can influence a care provider's likelihood to abuse include a history of:

- Use of physical punishment for discipline
- Family violence or child abuse
- Substance abuse
- Depression
- Reluctance to ask for or seek help
- Self-neglect
- Poor coping skills when under stress
- Cultural beliefs about disability

Watch out for signs and indicators of abuse.

Sometimes an individual cannot verbally tell another person that abuse is happening.

Usually however, there are some behavioral and emotional signs that a person has been victimized. The group home staff in Texas had been investigating several of these indicators when the first victim spoke out. Signs and indicators of abuse can include sudden or dramatic changes in a person's eating or sleeping habits, mood swings, regression to behaviors of a previous developmental stage, aggressive, angry or withdrawing behaviors, fears about being touched, sudden interest (or loss of interest) and/or knowledge about sexual matters. Keep in mind that all of these indicators can also be related to an individual's disability or other life changes (e.g., death of a family member or pet, moving to a new environment). If you observe sudden changes, pay attention, ask questions, report suspicions of abuse, and seek medical and therapeutic support if needed.

There are other, more subtle possible signs and indicators of abuse. Each of the following actions can be used to demean, hurt, or control another person—all of which are considered possible signs of abuse.

- Use of gestures or expressions to create fear and compliance
- Punishment, ridicule, or refusing to speak to someone
- Isolating by controlling access to TV, telephone, news, or contact with others
- Treating an individual like a child or withholding supports and privileges
- Increasing someone's dependence or vulnerability
- Justifying, minimizing, or excusing abusive behavior as result of caregiver stress or behavior management

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The simplest ways to find out if someone is experiencing abuse is to pay close attention to their actions and investigate any change in behavior (especially if sudden or dramatic), and ask the person on a routine basis if abuse is happening.

Provide ongoing abuse prevention education. Be straightforward about the fact that abuse can and does happen. Parents can request that abuse prevention education be included in their children's educational and futures planning. Historically, people with developmental disabilities have been taught to be obedient, compliant, and passive to the wishes and needs of other people. This creates a situation ripe for victimization. Abuse prevention education can include information on respectful relationships, assertiveness, personal space, setting boundaries, healthy sexuality, and self-defense strategies. For people living in institutions, abuse prevention education is essential. The imbalance of power may be tremendous between the resident and the people involved in their daily care which may greatly increase the risk of abuse, neglect, exploitation, and violence.

Provide ongoing staff supervision and evaluation. Provide direct service staff with clear information on agency policies, performance expectations, and consequences of abuse. Supervisory and management staff and family members can make unscheduled visits to stay informed of safety issues. Talking to residents and asking them questions about various staff members may also reveal helpful information. Residents can be included in the process of staff evaluations, too. When staff members are given feedback, notice if they respond defensively or are unwilling to take responsibility for mistakes. Docu-

ment their reactions and take disciplinary action if necessary.

Group home staff in this case caution providers and loved ones to pay careful attention to staff (anyone) who wants to be too overly close, friendly or "buddies" with the people they are serving or if a prospective staff member is at all reluctant to undergo a criminal background check.

Build working relationships with local crisis agencies-- before you need their services. In this case, the local crisis entities did not provide any support to the victims. The group home made referrals to the local crisis agency, but staff responded that they did not know how to provide services to people with developmental disabilities. In many communities crisis agencies (e.g., rape crisis centers, domestic violence shelters, etc.) do not recognize the service needs of people with developmental disabilities. They may not yet understand that caregiver abuse is a form of domestic violence or they may have limited services for people with disabilities. Learning where the crisis agencies are in your community and meeting the staff can help pave the way for better crisis services. Consider cross-training activities between disability and crisis agencies. Learn from one another about the dynamics of abuse and how to reduce its occurrence. Parents and advocates can offer to provide crisis agencies with education about different types of disabilities and how to communicate effectively with people with developmental disabilities.

Reduce isolation. Reducing isolation and increasing the number of safe relationships can be an effective abuse prevention strategy for people with developmental disabilities. Provide opportunities for individuals to develop meaningful social networks, friendships, and relationships with other

community members. Increasing the number of people who interact with an individual may reduce the likelihood that they will be spending much time with a perpetrator.

Legal lessons learned

How often are provider agencies such as the one above, sued by parents or other caregivers when abuse is brought to light? No one knows for sure how often this occurs in the U.S. Provider agencies have a responsibility to report even suspected abuse to increase the safety of residents but often fear their reputation will be tarnished or destroyed. Perhaps an even greater fear is being sued by a parent of a caregiver of one of the residents, such as what occurred in Texas. After experiencing this themselves, staff of the Texas group home gave the following suggestions about legal issues:

The district attorney needs to consult with disability advocates.

Once the crime is reported to police and the court becomes involved, someone who knows about the people involved in the case must work very closely with the district attorney to increase likelihood of prosecution. Another important aspect is making sure that the attorney has a good understanding of developmental disabilities. This is uncommon among most attorneys since it is not generally taught in law school, so the next best thing is to provide as much literature and information to the attorney as possible to increase their awareness of how developmental disabilities affects a person's life. The Arc of the U.S. can provide some literature for attorneys. Disability advocates or crisis agency professionals may also qualify and serve as expert witnesses for a trial to provide testimony about developmental disabilities, traits of a perpetrator, and the

dynamics of domestic violence and abuse. Chapters of The Arc and other advocacy agencies can keep a file of literature handy for attorneys to use whenever such a situation occurs. Another resource is a training curriculum developed for attorneys and others who interact with victims with developmental disabilities entitled, "End the Silence," developed by The Institute on Disabilities at Temple University in Pennsylvania. The project creating the materials is called "End the Silence." For more information about these materials, contact Beverly Frantz at 215-204-5078 or see their web site at www.temple.edu/inst_disabilities/iod/index.html.

Staff should be alert to the possibility of false outcries.

Parents, staff and others should be aware that occasionally some individuals may falsely accuse service providers of abuse. Document every time an accusation is made as well as the outcome of the investigation. All allegations need to be investigated and if residents falsely accuse staff of abuse this needs to be discussed.

One resource for those wanting to learn more about possible legal ramifications of group homes being sued by parents and/or advocates when abuse is reported is the American Bar Association's Commission on Mental and Physical Disability Law located in Washington, D.C. They can be reached at 202-662-1570 or www.abanet.org/disability.

Recommendations for Policy and Agency-Wide Change

Staff must be well-trained and prepared. Realize and accept the truth that abuse and sexual assault is a common reality in the lives of many people, including those

who have developmental disabilities. Once that reality has been accepted parents, staff, and others may be more open to learn more about sexual assault and other types of abuse. In this case, the group home administration has increased training opportunities for staff. They have attended workshops and classes about pedophilia and feel better equipped to identify and respond to signs of abuse and pedophilia behavior among staff or others working with the residents.

Protocols for reporting abuse should be created and implemented.

In the Texas case, there was no question that the man suspected of sexual assault was guilty. There was clear evidence of sexual assault against residents and the staff's choice to call the police was an easy one to make. However, whether or not to report can be a difficult decision to make (especially if the evidence is unclear) due to the sensitivity of the information and how it can impact a provider's reputation. Developing and using a protocol for reporting abuse can aid staff in determining when to call police based on an appropriate investigation of the facts.

Create a federal registry of offenders who target victims with developmental disabilities.

Group home staff in Texas pointed out that there is no federal registry of offenders and that one is badly needed. Although a criminal history check is done on all those seeking employment with the agency, it's probable that all criminal activity is not revealed.

Create "zero tolerance" policies in agencies.

Abuse and assault against people with developmental disabilities has not been a topic of popular discussion, although it is being discussed more and more. Many societal members do not recognize that

individuals with disabilities experience abuse. Zero tolerance means there is no excuse for abuse toward people with developmental disabilities and perpetrators will be held accountable.

Join committed people across the nation working together to end violence.

Disability and victims advocates can work together to decrease victimization of people with disabilities. Together, The Arc of the U. S. and The National Organization of Victim Assistance (NOVA) created guidebooks for victim assistance organizations and disability advocates. The titles of the guidebooks are: *Reaching Out: A Guide for Victim Advocates on Helping Victims with Developmental Disabilities and Help for People with Developmental Disabilities Who Become Victims of Crime: A Guide for Chapters of The Arc*. These materials provide important information about how advocates can start working together to increase their awareness and put into practice abuse prevention and intervention responses that will work for women and men with developmental disabilities. For more information on these guidebooks (to be published), contact The Office for Victims of Crime in Washington, D.C. at 202-305-1715.

Nora Baladerian, a private therapist who works with victims with disabilities, has a number of materials available including *SURVIVOR: A Guide for Sexual Assault Victims with Developmental Disabilities* (contains 3 volumes, one for those who read best with few words, Vol. 2 for those who can read at 3rd grade level, Vol. 3 for parents or advocates); *Risk Reduction Guide for Children and Adults with Developmental Disabilities*; *Forensic Interviewing*

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Skills to Use with Abuse Victims with Developmental Disabilities; Interviewing and Treatment Guide for Elders with Cognitive and/or Communication Impairments and FACTS - Forensic Assessment of Consent to Sex - A guide to use for determining ability to consent to a specific sexual contact. For more information, contact 310-473-6768 or email nora@disability-abuse.com.

Another good resource is the Disability Services program at SafePlace, a program that serves individuals with disabilities who are survivors of violence and abuse. SafePlace published a curriculum written by Disability Services Program staff

entitled "Stop the Violence, Break the Silence - A Training Guide and Resource Kit" (2000) for use in developing abuse prevention and intervention programs. Disability Services also operates a national resource library of materials relating to personal safety and people with disabilities. Additionally, staff offers training on topics related to sexual abuse, healthy relationships, and domestic violence. For more information, visit their web site at www.austin-safeplace.org/programs/disability or contact Wendie Abramson Director of Disability Services at wabramson@austin-safeplace.org or 512-356-1599. ■

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